

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/550,545-Conf. #1930
		Filing Date	June 19, 2006
		First Named Inventor	Stephen THOMSON
		Examiner Name	J. E. McDonough
		Art Unit	1793
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0446-0180PUS1
TOTAL AMOUNT OF PAYMENT		(\$)	490.00

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u>	Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							52    26
Each independent claim over 3 (including Reissues)							220    110
Multiple dependent claims							390    195
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Total Claims    Extra Claims    Fee (\$) <u>12</u> - 20 or HP    x    = <u>                    </u>							<b>Multiple Dependent Claims</b> Fee (\$)    Fee Paid (\$) _____    _____
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fees Paid (\$)</b> <u>1</u> - 3 or HP    x    = <u>                    </u>							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
						- 100 =    /50 =    (round up to a whole number) x    =    _____	_____
<b>4. OTHER FEE(S)</b>							
Non-English Specification,    \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month							490.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	August 7, 2009